

Ribby

Urban District of Garforth



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.P.H.I.A.)

1956

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.

GARFORTH URBAN DISTRICT COUNCIL.

Chairman of the Council:

Councillor S. Leigh, J.P.

Vice-Chairman:

Councillor F. W. Riley.

Public Health Committee:

Chairman: Councillor E. Linley.

Vice-Chairman: Councillor H. Rhodes.

Councillor E. Brownridge.	Councillor A. A. Matthewman.
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Councillor P. Cockerham.	Councillor A. Morley.
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Councillor H. Ellis.	Councillor S. Oxtoby.
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Councillor P. Fenton.	Councillor J. Parker.
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Councillor Mrs. M. A. Gough.	Councillor A. Prince, B.E.M.
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Councillor	Councillor I. Spencer.
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J. S. Humphrey, M.M.	Councillor P. T. White.
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Councillor J. Kilburn, J.P.	
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Medical Officer of Health:

A. L. Taylor, M.D., D.P.H.

Public Health Inspector:

R. A. Naylor, C.R.S.H., M.P.H.I.A.

Clerk of the Council:

B. G. Taylor.

GARFORTH URBAN DISTRICT COUNCIL.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1956.

Area in Acres	...	...	...	4,000
Registrar General's Estimate of Population for 1956				13,230
Number of Inhabited Houses, 1956, according to Rate Book	...	...	...	4,389
Rateable Value, Year commencing 1.4.56		...		£94,752
Net Product of Penny Rate, Year commencing 1.4.56				£364

VITAL STATISTICS IN 1956.

			M.	F.	Total
Live Births.					
Legitimate	...	...	110	91	201
Illegitimate	...	...	2	3	5
		Total	112	94	206

Still Births.

Legitimate	...	...	4	2	6
Illegitimate	...	...	—	1	1
		Total	4	3	7

Birth Rate.

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected)	...	16.10
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Deaths.

			M.	F.	Total
All Ages	86	67	153
Death Rate per 1,000 of the estimated resident population (corrected)	...				11.56

		M.	F.	Total
		4	1	5
Deaths of Infants under 1 year				
All Infants per 1,000 live births	...			24.27
Legitimate Infants per 1,000 legitimate live births		24.77
Illegitimate Infants per 1,000 illegitimate live births		—
Deaths from Diarrhoea (under 2 years of age)				1
Rate per 1,000 population		0.075
Rate per 1,000 live births		4.85
Deaths from Measles (all ages)		Nil.
Deaths from Whooping Cough (all ages)		Nil.
Deaths from Cancer (all ages)		28

Maternal Mortality.

Deaths	...	...	...	...	Nil.
Rate per 1,000 (live and still) births				...	0.0

RECORD OF DEATHS IN AGE GROUPS,
1956.

Age		Males	Females	Total
Under 1 year	...	4	1	5
1—5 years	...	—	1	1
5—10 „	...	1	1	2
10—15 „	...	—	—	—
15—20 „	...	1	1	2
20—25 „	...	—	1	1
25—35 „	...	1	—	1
35—45 „	...	3	—	3
45—55 „	...	6	7	13
55—65 „	...	18	10	28
65—70 „	...	6	6	12
70—75 „	...	12	14	26
75—80 „	...	17	8	25
80—85 „	...	11	10	21
85—90 „	...	6	5	11
Over 90 years...	...	—	2	2
Totals	...	86	67	153

Principal Vital Statistics for the year 1956.

			Urban District of Garforth	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	13,230	1,169,600	448,700	1,618,300	*
Births	Males	..	112	9,571	4,054	13,625	*
	Females	..	94	8,954	3,889	12,843	*
	Total	..	206	18,525	7,943	26,468	*
Deaths	Males	..	86	7,580	2,350	9,930	*
	Females	..	67	7,138	2,037	9,175	*
	Total	..	153	14,718	4,387	19,105	*
Deaths under one year	Males	..	4	283	137	420	*
	Females	..	1	197	101	298	*
	Total	..	5	480	238	718	*
Still Births	Males	..	4	249	95	344	*
	Females	..	3	196	85	281	*
	Total	..	7	445	180	625	*
Total Live and Still Births	..	213	18,970	8,123	27,093		*

			CRUDE	RATES.			
Birth (Live)	15.6	15.8	17.7	16.4	15.7
Death (All causes)	11.6	12.6	9.8	11.8	11.7
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.	0.08	0.07	0.06	0.07	*
Tuberculosis—Respiratory	0.08	0.11	0.12	0.11	0.11
Tuberculosis—Other	—	0.01	0.02	0.02	0.01
Tuberculosis—All Forms	0.08	0.12	0.14	0.13	0.12
Cancer	2.19	2.05	1.50	1.89	2.08
Vascular lesions of Nervous system	1.59	2.05	1.36	1.86	*
Heart and Circulatory Diseases	4.91	4.76	3.71	4.47	*
Respiratory Diseases	1.21	1.37	1.07	1.29	*
Maternal Mortality	—	0.69	0.12	0.52	0.56
Infant Mortality	24.3	25.9	30.0	27.1	23.8
Stillbirth	32.9	23.5	22.2	23.1	23.0

* Figures not available.

GARFORTH URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health,

1956.

*To the Chairman and Members of the
Garforth Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

In presenting my Annual Report for 1956, it gives me pleasure to comment on the generally satisfactory conditions prevailing in the social and public health fields in the area of your Authority. Continued full employment has ensured a high general standard of living for the population as a whole. This is reflected in the health and well-being of the community and is strikingly illustrated in the physical development of the school children in the area. This, in my opinion, has never been so good.

All the preventive measures formerly available are being continued, and immunisation and vaccination against the various infectious diseases are meeting with a satisfactory acceptance. In addition, the near future holds out high hope of protection against Poliomyelitis. There is no doubt, in my opinion, that this valuable prophylactic measure will ultimately protect the community very largely against this dread disease.

The vital statistics presented in this report show reasonably satisfactory comparison with other areas and with the rest of the Country. The tuberculosis rate, in particular, continues extremely low, and I have high hopes that future years will see this satisfactory progress maintained.

The birth rate is reasonably satisfactory and compares well with that prevailing in adjoining areas. The death rate is quite satisfactory.

Slum Clearance is well under way and it appears certain that the projected programme will be completed well within the period specified.

Relationships between myself and my staff have been of the happiest and we, in turn, have enjoyed a very high measure of co-operation with all the other agencies concerned with Individual and Communal Health, Education and Welfare. In particular, I should like to record my appreciation of the very friendly relationship which I have enjoyed with yourselves and with your Senior officials. This makes my work pleasant and adds very largely to its efficiency.

As usual, I have included an account of the Divisional Preventive Medical Services. I feel that the information contained therein is useful and will help you to understand the large volume of work which goes on in your area from day to day in relation to preventive medicine.

I remain,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS :

Medical Officer of Health (part-time) :—

Dr. A. L. Taylor, M.D., D.P.H.

Chief Public Health Inspector :—

R. A. Naylor, Cert.R.S.H., M.P.H.I.A.

Additional Public Health Inspector :—

R. Cockerham, Cert.R.S.H., M.P.H.I.A.

COMMENTS ON STATISTICAL DATA.

There is little deviation from the pattern of recent years. The Birth Rate, at 16.1 per 1,000 of the population, has maintained itself very satisfactorily.

The Infantile Mortality Rate, at 24.27 per 1,000 live births, is about average for the Country as a whole.

There was no maternal death during 1956 and the tuberculosis figures give reasonable cause for satisfaction.

The figures showing deaths from Cancer of the lung during the years 1950 to 1956 inclusive show that 11 males and 2 females died from this disease. Of these, 5 males and 1 female died during the last two years. Admittedly, it must be accepted that because of occupational factors, males are more likely to be in contact with irritating substances, but as against the figures just quoted it is found that, during the same years, a total of 32 males died of bronchitis as against 22 females. Thus it will be seen that deaths from lung cancer in males are more than 5 times as numerous as those in females, whereas deaths from bronchitis are only about $1\frac{1}{2}$ times as great. These figures seem to me to be of considerable significance and although there is, of course, no proof that the lung cancer was caused by cigarette smoking, a knowledge of the smoking habits of the two sexes over the last 25 years seems to me to be a very strong pointer to the supposition that there is a definite correlation between the smoking habit and the incidence of lung cancer. My own opinion is that such a correlation does indeed exist, and I feel it my duty to bring this opinion to your notice. Excessive smoking is a habit which may or may not be indulged in at the discretion of the individual. It is most certainly the responsibility of those concerned with Health Education to point out to heavy smokers the risk which they are undoubtedly running. Any moderation of their habits must be left to their own common sense.

In spite of the above, the statistics contained in this Report will be found to indicate a satisfactory state of public health in the Garforth Urban District.

Causes of Death in the Garforth Urban District, 1956.

CAUSE OF DEATH	All Causes ..	..	..	MALES.	FEMALES.
				86	67
1. Tuberculosis, respiratory	1	..
2. Tuberculosis, other
3. Syphilitic disease
4. Diphtheria
5. Whooping Cough
6. Meningococcal infections
7. Acute Poliomyelitis
8. Measles
9. Other infective and parasitic diseases	1
10. Malignant neoplasm, stomach	4	2
11. Malignant neoplasm, lung, bronchus	3	1
12. Malignant neoplasm, breast	2
13. Malignant neoplasm, uterus	1
14. Other malignant and lymphatic neoplasms	9	6
15. Leukaemis, aleukaemia	1	..
16. Diabetes
17. Vascular lesions of nervous system	11	10
18. Coronary disease, angina	21	11
19. Hypertension with heart disease
20. Other heart disease	4	12
21. Other circulatory disease	10	6
22. Influenza	2	..
23. Pneumonia	2	1
24. Bronchitis	6	5
25. Other diseases of the respiratory system
26. Ulcer of stomach and duodenum
27. Gastritis, enteritis and diarrhoea	1
28. Nephritis and nephrosis	1	2
29. Hyperplasia of prostate
30. Pregnancy, childbirth, abortion
31. Congenital malformations	1	1
32. Other defined and ill-defined diseases	5	4
33. Motor vehicle accidents	1	..
34. All other accidents	3	1
35. Suicide
36. Homicide and operations of war
Live Births.	{ Total .. .. ..	..	..	112	94
		..	..	110	91
		..	..	2	3
Still-Births.	{ Total .. .. ..	..	..	4	3
		..	..	4	2
		..	..	..	1
Deaths of Infants under 1 year of age.	{ Total .. .. ..	..	..	4	1
		..	..	4	1
	
Population	13,230	
Comparability Factors:--					
	Births ..	..	..	1.03	
	Deaths ..	..	..	1.18	

INFANTILE MORTALITY IN 1956.

Deaths from Stated Causes under One year of Age.

INFANT DEATHS PER THOUSAND LIVE BIRTHS.

1917—1926	1927—1936	1937—1946	1947—1956
	1927 57.6	1937 74.6	1947 31.0
	1928 64.5	1938 35.7	1948 36.0
	1929 56.6	1939 46.5	1949 30.1
	1930 N.A.	1940 47.9	1950 15.0
Not Available	1931 76.9	1941 77.2	1951 46.9
	1932 N.A.	1942 38.6	1952 31.9
	1933 150.9	1943 42.7	1953 11.3
	1934 134.6	1944 36.1	1954 44.3
	1935 34.5	1945 22.1	1955 48.3
1926 51.2	1936 81.6	1946 20.0	1956 24.3
	Average— 82.2	Average— 44.1	Average— 31.9

**Details of STILL-BIRTHS
for the past five years.**

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births
1952	188	3	1.6
1953	177	6	3.4
1954	158	7	4.4
1955	207	5	2.4
1956	206	7	3.4

Details of NEO-NATAL DEATHS for the past five years.

Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1952	188	6	3.2
1953	177	1	0.6
1954	158	6	3.8
1955	207	9	4.3
1956	206	3	1.5

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

No change has taken place in the administrative structure which has been in being since 1948. The Medical Officer of Health is also appointed in a similar capacity to two adjacent County Districts and, in addition, holds the appointment of Divisional Medical Officer in respect of the public health services for which the West Riding County Council is responsible. The total population of the Division showed little variation and now stands at 54,680.

The day to day administration of all the health services within the Division is the responsibility of the Divisional Medical Officer. The only exceptions to this rule are the Ambulance Service and the School Dental Service which are separately administered. The Divisional Health Office is situated in Rothwell and is geographically almost exactly in the centre of the whole area. A clerical staff of 9 is fully and actively employed. During the year the unit has functioned efficiently and, in my opinion, economically, and has dealt with a very large volume of work. Indeed, this volume seems to increase from year to year as a result of various new activities which are increasingly coming into use in the preventive field.

Once again I am glad to report with great satisfaction the continued cordiality of the relationship of the Public Health Service with the other two branches of medicine, that is the Hospital Services and the General Practitioners. A very happy spirit of co-operation has existed on all sides. It is my earnest hope that this will continue and there is not the slightest doubt that it contributes in no small measure to the smooth and satisfactory working of the Health Services in the area.

REPORT ON THE DIVISIONAL MEDICAL
SERVICES ADMINISTERED IN THE URBAN
DISTRICT BY THE LOCAL HEALTH
AUTHORITY.

Only minor changes have occurred in this Service during 1956, mainly in respect of the personnel of the Domiciliary Nursing Services. Clinic provision is unchanged and I will review it later in the Report.

The two experienced Assistant County Medical Officers still continue to carry out duties in the Maternity and Child Welfare and School Medical Services. They are a considerable access of strength, both being experienced, able and conscientious.

The Home Nursing Section continues at full strength and I am glad to report a great improvement in the Health Visiting provision.

Appointments for Dental Treatment are made at the Dental Clinic at Castleford and I feel that no hardship is created in travelling.

School Medical Service.—The total number of school children in the area stands at 8,080. Routine medical inspections are carried out four times during the school life of each child. Special examinations have been made during the year of all children suffering from any physical handicap, mental subnormality or maladjustment.

As I have previously remarked, the fact that Health Visitors also function as School Nurses is of very great benefit and helps to co-ordinate the home and school life of the child. Infestation remains slight and only in one case was it necessary to issue a formal Cleansing Notice to the erring parent.

I should like to repeat the opinion I expressed last year regarding the high nutritional standard which continues to be enjoyed by the vast bulk of the school children in your area. I have lived and worked in this part of the world now

for over 30 years, during 10 years of which I have been Medical Officer of Health to your District. In that time I have seen the general standard of physical development, clothing and child happiness increase beyond all recognition. This fact I have great pleasure in recording.

The Ophthalmic Service remains extremely satisfactory and no delay is experienced.

The same applies to Ear, Nose and Throat operations and the waiting list has now been completely cleared off.

Finally, I should like to record my appreciation of the very cordial and ready co-operation afforded by all the Head Masters and teaching staffs of the various schools in the area and, in addition, the ready support and help afforded from time to time by the Divisional Education Officers and their Staffs.

In the following pages are recorded the statistical returns relating to the various branches of the School Medical Service. The figures relate to the whole Divisional area but will give you a very good idea of the type and scope of the work which is carried out amongst school children residing in your own Urban District.

MEDICAL INSPECTION RETURNS
Year ended 31st December, 1956.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A. Periodic Medical Inspections.

Age groups inspected and Number of Pupils examined in each.

Entrants	...	...	871
7 to 8 year group	...	...	863
Last year primary	...	...	605
First year secondary	...	...	—
Last year secondary	...	...	373
		Total	2,712
*Additional Periodic Inspections...			
			—
		Grand Total	2,712

B. Other Inspections.

Number of Special Inspections	...	104	
Number of re-inspections	...	237	
		Total	341

C. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected. (1)	For Defective Vision (excluding squint). (2)	For any of the other conditions recorded in the following Table (3)	Total individual pupils (4)
Entrants	12	141	150
7 to 8 year group	36	154	181
Last year primary	28	80	103
First year secondary	—	—	—
Last year secondary	36	67	100
Total	112	442	534
*Additional Periodic Inspections	—	—	—
Grand Total	112	442	534

*E.G. Pupils at special schools or who missed the usual periodic examination.

RETURN OF DEFECTS
FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1956.

Defect or Disease.	PERIODIC INSPECTIONS					TOTAL (including all other age groups inspected)	
	Entrants		Leavers		(6)	(7)	
	Requir- ing treat- ment.	Requir- ing observa- tion	Requir- ing treat- ment.	Requir- ing observa- tion			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Skin	25	29	14	13	80	89	
Eyes— a. Vision	12	4	36	18	112	69	
b. Squint	10	21	—	—	24	34	
c. Other	1	4	1	1	14	9	
Ears— a. Hearing	3	4	1	1	13	11	
b. Otitis Media	21	2	5	1	49	3	
c. Other	4	2	2	—	9	11	
Nose and Throat	20	49	18	5	88	114	
Speech ...	2	12	—	—	6	15	
Lymphatic Glands	4	29	1	2	8	59	
Heart ...	5	24	7	7	17	64	
Lungs ...	10	28	1	—	31	42	
Developmental— a. Hernia	2	4	—	—	3	5	
b. Other	—	3	—	—	—	3	
Orthopaedic— a. Posture	3	4	5	5	27	25	
b. Feet	7	18	—	5	10	34	
c. Other	11	40	3	8	30	90	
Nervous System— a. Epilepsy	—	—	—	—	1	—	
b. Other	1	11	—	—	4	25	
Psychological— a. Development	—	4	1	1	6	10	
b. Stability	13	11	2	2	33	21	
Abdomen ...	—	2	—	1	1	5	
Other ...	18	3	12	1	50	14	

B. SPECIAL INSPECTIONS.

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin ...	3	2
Eyes—		
a. Vision	4	3
b. Squint	2	1
c. Other	—	—
Ears—		
a. Hearing	1	3
b. Otitis Media	—	—
c. Other	—	—
Nose and Throat ...	2	2
Speech	2	2
Lymphatic Glands	—	—
Heart	—	1
Lungs	1	2
Developmental—		
a. Hernia	—	—
b. Other	—	1
Orthopaedic—		
a. Posture	1	—
b. Feet	—	1
c. Other	2	3
Nervous System—		
a. Epilepsy	1	1
b. Other	—	1
Psychological—		
a. Development	—	3
b. Stability	2	1
Abdomen	—	1
Other ...	5	5

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Un-satisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants ...	871	789	90.6	82	9.4
7 to 8 year group ...	863	794	92	69	8
Last year primary ...	605	556	92	49	8
First year secondary ...	—	—	—	—	—
Last year secondary ...	373	350	94	23	6
Additional periodic inspections ...	—	—	—	—	—
 Total ...	 2712	 2489	 91.8	 223	 8.2

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	17,517
(ii) Total number of <i>individual</i> pupils found to be infested	308
(iii) Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944)	1
(iv) Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	—

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

DISEASES OF THE SKIN (excluding uncleanliness).

	Number of cases treated or under treatment during the year, by the Authority.
Ringworm— (i) Scalp ...	—
(ii) Body ...	—
Scabies	—
Impetigo	20
Other skin diseases	6
 Total ...	 26

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint) ...	—	477
Total ...	—	477
Number of pupils for whom spectacles were prescribed ...	204	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for adenoids and chronic tonsillitis	—	16
(b) for diseases of the ear ...	—	5
(c) for other nose and throat conditions	—	2
Received other forms of treatment	—	—
Total ...	—	23
by the Authority		
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	1	—
(b) in previous years ...	—	1

ORTHOPAEDIC AND POSTURAL DEFECTS.

	by the Authority	Otherwise
(a) Number of pupils known to have been treated at clinics or out-patient departments ...	—	19

CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ...	5
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SPEECH THERAPY.

Number of Pupils treated by Speech Therapists under arrangements made by the Authority ...	68
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OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	345
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1
(c) Pupils who received B.C.G. vaccination ...	214
(d) Other than (a), (b) and (c)	
1. Ultra Violet Light ...	91

TONSILLECTOMY.

Age groups inspected	Number inspected	Number found to have undergone tonsillectomy during 1956 or previously
Entrants ...	871	70
7 to 8 year group ...	863	171
Last year primary ...	605	130
First year secondary ...	—	—
Last year secondary ...	373	64
Total ...	2712	435

CONSULTANT E.N.T. SERVICE.

No Consultant E.N.T. Clinic held in this Division during the year.

CONSULTANT ORTHOPAEDIC SERVICE.

A. Consultant Clinic.

1. Number of sessions held during the year	8	(at Pinderfields shared with Division 13)
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	Pre-school children	School children
2. No. of individual patients seen by Consultant, including those continuing attendance from previous year	4	9
3. No. of (2) above :—		
(a) referred for operative treatment as short-stay cases only	—	1
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist :—		
(i) at treatment centres	—	—
(ii) domiciliary	—	—
4. No. of children who obtained operative treatment during the year	—	1
5. Total number of attendances at Consultant clinic	8	12

B. Treatment Centres.

1. No. of Sessions held during the year	-
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PAEDIATRIC SERVICE.**Consultant Clinics.**

1. Number of sessions held during the year	...	11
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		Pre-school children	School children
2. Number of individual patients seen :			
(a) new cases ...	...	10	15
(b) cases attending from previous year(s) ...	...	7	10
3. Total number of attendances at clinics		31	56

**MEDICAL EXAMINATION OF ENTRANTS TO
TRAINING COLLEGES.**

No. of examinations carried out during the year	...	33
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SPEECH THERAPY.

1. Total number of sessions held during year	...	172
2. (a) No. of new cases treated during year...	...	43
(b) No. of cases already attending for treatment from previous year ...	...	25
(c) Total number of cases treated (a plus b)	...	68
3. No. of cases awaiting treatment at end of year	...	12
4. No. of visits made to schools	...	25
5. No. of home visits ...	...	9

Analysis of Cases treated during the year.

					Boys	Girls
					15	6
1.	Stammering	...	...	...	15	6
2.	Defects of articulation—					
(a)	Dyslalia	...	...	...	22	8
(b)	Sigmatism	...	...	...	5	2
(c)	Rhinolalia, due to—					
(i)	Cleft Palate	...	...	...	—	3
(ii)	Nasal obstruction	...	...	...	—	—
(d)	Dysarthria	...	...	...	—	1
3.	Asphasia	...	...	...	—	—
4.	Defective speech due to—					
(i)	Educational sub-normality	...	...	...	1	1
(ii)	Deafness	...	...	...	—	—
5.	Retarded speech development	...	...	...	—	1
6.	Dysphonia	...	..	...	—	—
7.	Other defects (immobile palate)	...	...	...	1	2

Analysis of cases discharged.

No. of children discharged during year—

1.	Speech normal	...	...	...	21	8
2.	Speech improved	...	...	...	3	1
3.	Unsuitable for treatment	...	...	...	2	2
4.	Non-co-operation	...	...	...	6	3
5.	Left school	...	...	...	—	—
6.	Left district	...	...	...	—	—
7.	Other reasons	...	...	...	—	—

EMPLOYMENT OF CHILDREN.

Number of children examined during the year in connection with applications :—

(a) for employment (including entertainments)	80
(b) No. of (a) found unfit ...	1

ULTRA VIOLET LIGHT TREATMENT.

	Pre-School children	School children
No. of sessions held during year		252
No. of children treated during year	49	42
Total No. of attendances ...	864	888

VACCINATION AND IMMUNISATION.

It is now possible to feel that we have reached a state when vaccination and immunisation are accepted by the community as a whole as being desirable and necessary measures. The returns afford significant evidence that by far the larger proportion of the population are enlightened and actively co-operative in this most important field of Preventive Medicine. At the same time, constant unobtrusive propaganda is carried out, mainly by the Health Visiting staff, urging on parents the need for ensuring that their children obtain protection against various of the more serious infectious diseases. It is pleasing to record that an increasing number of parents now seek the help of their own family doctors in obtaining such protection. For my part, I welcome the help of any agency which will maintain at high level the immunity of the child population.

Diphtheria, once a common and deadly disease, now appears completely absent from the community. This is no accident but is the outcome of years of endeavour which have been the task of the Preventive Medical Services. During the year, a very satisfactory total of children received a full course of primary immunisation against Diphtheria and, in addition, a satisfactory total of reinforcing doses was given to older children in whom the initial immunity might be expected to show some signs of waning. No organised campaign was initiated and I am firmly convinced that the methods we now employ are those most liable to give the most lasting and satisfactory results. Immunisation is afforded as a routine at all the Child Welfare Clinics and no special appointment is needed. In addition, as already noted, family doctors are increasingly affording to their patients immunising injections against Diphtheria and Whooping Cough.

The figures showing those vaccinated against Whooping Cough during 1956 are reasonably satisfactory, and by an astonishing coincidence are identical with those recorded during last year.

Of very great interest to me is the fact that although in 1956 a total of 199 children was notified as having suffered from Whooping Cough, no single case occurred where the child had been immunised. Thus it is reasonable to assume that immunisation affords a very high measure of protection and this fact is of the utmost importance, particularly in relation to children under the age of one year in whom Whooping Cough, at any age distressing, carries a grave risk of fatal termination. Immunisation against Whooping Cough carries no risk and virtually no constitutional upset is ever experienced.

The Smallpox vaccination figures for your District bear satisfactory relationship with those recorded in other parts of the County and a very satisfactory total of 325 primary vaccinations was carried out in the Division. I should like to refer once again to the remarks I made last year regarding the desirability of primary vaccination in infancy. This carries no risk and renders re-vaccination later in life a simple and safe procedure.

B.C.G. vaccination continues to be offered to 13 year-old school children. There was a reasonable total of acceptors during 1956, and vaccination was carried out in each case. It is a little early yet to evaluate the protection thus given so far as your area is concerned. A number of years must elapse before we can produce statistical evidence as to its efficiency. It is, however, generally agreed, both in this country and in a number of others, that B.C.G. vaccination has considerable value in reducing the incidence of adolescent pulmonary tuberculosis. It is one of the weapons now available in the rapidly growing armoury of preventive and clinical protection against death from this social scourge.

A total of 18 babies born to parents suffering from tuberculosis were vaccinated by the Chest Physicians. This measure is carried out as a routine and appears to afford considerable protection to the infants thus treated.

As predicted, immunisation against Poliomyelitis was begun late in the year. No figures are available for this Report and I will ask you to await next year's Report for

full particulars of the scheme. At the moment it will suffice to say that of those children who have already received immunising doses, none has experienced any ill effect, and there is every hope that this newly introduced measure will prove efficient and satisfactory. During a recent visit to the United States I was assured on all sides that protection thus afforded was of a high degree and that already many millions of American children had been immunised. The dread and concern which this crippling disease arouses make it certain that the response of the population will be high. It is earnestly to be hoped that the supplies of vaccine becoming available will prove adequate to keep pace with the expected demand.

VACCINATION AGAINST SMALLPOX.

Number of Persons Vaccinated or re-vaccinated
during the Year.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	281	5	7	7	25	325
Number Re-Vaccinated ...	—	—	—	—	22	22

DIPHTHERIA IMMUNISATION.

A. Immunisation carried out during the year.

	Under 1	1 — 4	5 — 14	Total
1. No. of children who completed a full course of primary immunisation ...	341	111	268	720
2. Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	7	945	952

B. (a) Number of children at 31st December, 1956, who had completed a course of immunisation at any time before that date.

Age at 31.12.56 i.e. Born in Year	Under 1 1956	1—4 1955-1952	5—9 1951-1947	10—14 1946-1942	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1952—1956 ...	76	1,629	2,849	2,005	6,559
B. 1951 or earlier	—	—	1,135	1,084	2,219

(b) Diphtheria Notifications and Deaths in relation to Immunisation during the year.

No case of Diphtheria occurred during 1956.

WHOOPING COUGH IMMUNISATION.

Immunisation carried out during the year.

Age at Final injection	Number of children who completed a full course of immunisation
Under 6 months ...	19
6 months to one year ...	289
1—2 years ...	72
2—3 years ...	8
3—4 years ...	11
Total ...	399

Immunisation in relation to Child Population.

Number of children at 31st December, 1956, who had completed a course of immunisation *at any time before that date*.

Age at 31.12.56 i.e. born in year:—	Under 1 1956	1 to 4 1955—1952	5 to 9 1951—1947	Total
Number immunised ...	77	1,327	289	1,643

Whooping Cough Notifications and Deaths in relation to Immunisation during the year.

Age at date of notification	No. of cases notified	No. of cases incl. in preceding column in which child completed a full course of immunisation.
Under 1 year ...	18	—
1 ...	13	—
2 ...	17	—
3 ...	21	—
4 ...	26	—
5—9 ...	100	—
10—14 ...	4	—
Totals ...	199	—

No death from Whooping Cough occurred in the Division during the year.

B.C.G. Vaccination of 13-year old School Children.

1.	No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	...	...	...	...	...	3
2. Acceptances.							
(a)	No. of 13-year old children eligible during the year					681	
(b)	No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	...	...	...	...	681	
(c)	No. of (b) found to have been vaccinated previously					—	
(d)	No. of acceptances	...	...	...	...	367	
(e)	Percentage of acceptances, i.e., (d) to (b) — (c) ...					53.9	
3. Pre-vaccination Tuberculin Test.							
(a)	No. of children [2(d)] tested	...	...	...	...	367	
(b)	Result of test—						
(i)	Positive	...	...	112			
(ii)	Negative	...	...	240			
(iii)	Not ascertained	...	15				
			—		TOTAL	367	—
(c)	Percentage positive, i.e., (b) (i) to (b) (ii) plus (iii) ...					31.8	
4. Vaccination.							
	No. vaccinated	...	...	...	...	214	
5. Tuberculin test twelve months after vaccination.							
(a)	No. vaccinated in 1955	...	...	...	...	356	
(b)	No. tuberculin tested after 12 months	...	...	...	...	212	
(c)	Result of test—						
(i)	Positive	...	...	134			
(ii)	Negative	...	...	58			
(iii)	Not ascertained	...	20				
		—	—		TOTAL	212	—

B.C.G. Vaccination—Contact Scheme.

Details of B.C.G. Vaccination of Contacts during the year
1956.

	AGE GROUPS													All ages	
	Under 1 year Months				Years										
	0-	1-	3-	6-	1-	2-	3-	4-	5-	10-	15-	20-			
Vaccinated :—															
Male	...	3	1	2	1	-	1	-	-	2	-	-	-	10	
Female	...	2	-	1	-	1	-	1	-	-	2	1	-	8	
TOTAL	...	5	1	3	1	1	1	1	-	2	2	1	-	18	
RESULT OF VACCINATION :—															
Successful :															
Male	...	3	1	2	1	-	1	-	-	1	-	-	-	9	
Female	...	2	-	1	-	1	-	1	-	-	1	-	-	6	
TOTAL	...	5	1	3	1	1	1	1	-	1	1	-	-	15	
Unsuccessful	...	-	-	-	-	-	-	-	-	-	-	-	-	-	
Not finally ascertained	...	-	-	-	-	-	-	-	-	1	1	1	-	3	

DOMICILIARY NURSING SERVICES.

Health Visiting.—I am glad to report a considerable improvement in the staffing position relating to Health Visiting. This is due to the appointment of a number of fairly newly qualified Nurses who are proving themselves efficient and adaptable. Thus the rather gloomy picture which I painted last year no longer gives a true perspective in the light of to-day's circumstances. The work of the Health Visitor continues to expand and to cover an increasingly varied field of scope and activity. The longer she works in a particular area, the better she gets to know the people living in that area, and the more valuable her work becomes as a result. It is my policy to allocate to each Health Visitor a specific area within which she is asked to undertake all the work relating to the Health education and welfare of all sections of the public, including mothers and young infants, the aged, tuberculous persons, and at any rate in the main, the Home Help services.

A new awareness of the importance of the personal relationship between Health Visitor and family doctor has already borne fruit, and it is very pleasing to report that a happy state of relationship exists. No instance of friction has come to my knowledge during the year, and I feel that the cordiality now experienced is contributing much to the value of the work carried out by both parties.

Home Nursing.—The Home Nursing Service has continued fully staffed throughout the year. The Supervisor continues to report on the very high level of competence reached by all the Nurses. The case load has remained reasonable, and many instances come to light illustrating the high regard in which patients hold the services rendered. A considerable number of injections continue to be given under the instruction of the family doctor. This, of course, is a reflection of the increasing use made of the newer antibiotic drugs. As in previous years, by far the bulk of the work is carried out amongst the elderly and chronic sick, and its social value is second only to the physical side.

Midwifery Service.—Here we are still in difficulties. By a fortunate circumstance a Relief Midwife was obtained whose home was formerly in the district and who has been enabled to return to this area. As against this, several

retirements are imminent and staffing difficulties in the Maternity Units have led to a reduction in the number of midwifery cases gaining admission to Maternity Homes or Hospitals on social grounds. This problem is not merely local but is, I understand nation-wide. No easy solution is available. It may be necessary to seek the co-operation of your Housing Committee in making available Council house tenancies as an added inducement to prospective domiciliary midwives. If the alternative is a breakdown in the Domiciliary Midwifery Services I shall not hesitate to make the necessary approach, and I know I will be able to count on your sympathetic consideration. Meanwhile, the position, though giving rise to anxiety, is still well under control.

As is customary, the relationships between midwife and doctor have been of the very best.

Home Help Service.—By the most careful economy it has been possible to keep the number of hours of Home Help given within the establishment laid down by the County Council for this Division. The administration of this Service is of the greatest complexity and difficulty. A glance at the table will give you some idea of this and will give you a picture of the enormous amount of work entailed.

By and large, the population have shown restraint in their applications, and the vast majority of persons in receipt of Home Help are elderly, indigent, or chronic sick, who have no other means of help and no available relatives or friends who can offer aid. I mentioned last year the fact that full employment frequently means that all sons and daughters and sons' wives of a particular family are working. Where such is the case, I feel it reasonable to expect them to make some financial contribution to ensuring the fact that their parents are kept in dignity and physical comfort. The vast bulk of people, I am glad to say, see matters in this light. Under present limitations it is the lonely and helpless who need and deserve the comfort to ensure which the Home Help Service was primarily intended.

During the year, the maximum of equivalent whole-time workers allowed was increased from 20 to 23. By the exercise of stringent care we have managed to keep within this limit.

DOMESTIC HELPS.

Authorised Divisional Allocation.

(i) Basic	...	...	23
		(at the end of the year)	
(ii) From Reserve Pool		...	—
Total	...	...	23

Number of Domestic Helps employed at 31st December, 1956—

(i) Whole-time	...	...	—
(ii) Part-time	...	...	50
(iii) Total	...	...	50

Cases provided with Domestic Help during year ended 31st December, 1956—

		No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	...	37	3,127
(ii) Tuberculosis	...	1	222
(iii) Chronic sick (a) aged 65 & over		205	34,496 $\frac{1}{4}$
(b) under 65 years		25	3,758
(iv) Others	...	16	1,568
Total	...	284	43,171 $\frac{1}{4}$

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1956 ÷ 2288 (52 weeks x 44 hours) = 18.9

No. of home helps that could have been employed = 18.9 Home Helps.

LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE GARFORTH URBAN DISTRICT.

All the Clinics in the District have been held as usual during the year at Garforth, Kippax and Allerton Bywater. They are well attended and the Kippax clinic has maintained a particularly high level of attendance.

Ante-Natal Clinics are held at Garforth and Kippax.

Relaxation Classes continue to be held at Garforth and attendances are steadily increasing.

Ultra Violet Light Clinics are held on three afternoons weekly at Garforth. They are consistently well attended and parents often express their conviction that U.V.R. treatment has greatly improved their children's vigour and appetite.

CONSULTANT CLINICS. — These continue as before. The Ophthalmic Clinic is held two or three times a month and continues to be very well attended and there is no delay in the provision of glasses.

Dr. Pickup is still with us as the Consultant in Paediatrics. He is of the very greatest value and help, and the trend which I noted last year towards a greater use of his services by General Practitioners continues. We are fortunate indeed in having him available in the area and the fact that he can and does take cases into his own Hospital beds for observation is an added advantage.

Ear, Nose and Throat surgery is still readily available to those children needing it. There is now virtually no waiting and any case needing urgent or special attention is always seen immediately by appointment if the Aural Surgeon is approached.

The Speech Therapist resigned from the service of the County Council and was later replaced, so that the work continued virtually without interruption.

Dr. Leese took up her appointment as County Child Psychiatrist in succession to Dr. MacTaggart, and has proved co-operative and most helpful.

I can repeat my assurance of last year that Local Health Authority Clinic provision in the Garforth area is, in the main, adequate. Ready co-operation is experienced on all sides and the work continues to be of the greatest value.

AMBULANCE SERVICE.

This valuable and much appreciated service has continued to be run most efficiently throughout the year. I should like to take this opportunity of acknowledging the unfailing courtesy and ready response always experienced from the Ambulance depots. There is evidence of considerably diminished abuse of the Service. The only criticism one might make is that on occasion patients are carried by a very round-about route to and from Hospital, in the endeavour to pick up as many cases as possible on one journey. This, I am afraid, is unavoidable, but does, on occasion, tend to give rise to a certain amount of discomfort.

LABORATORY FACILITIES.

These continue as before and Dr. Little and his staff are most helpful. Any matter of special difficulty is always given the most considerate attention and personal contact is readily made.

MILK AND FOOD SAMPLES.

Powers to act under the Food and Drugs Act have still not been delegated to this Authority. Samples of water are submitted to the County Analyst at Halifax and during 1956 three samples were analysed, all of which were satisfactory.

HOSPITAL PROVISION.

Some concern was felt towards the end of the year at the possibility of a reduction in the number of beds available for cases of social need at the Wakefield Group of Maternity Hospitals. Fortunately the matter did not become acute, and we continue to admit approximately 50 per cent. of our total births to Maternity Homes or Hospitals. I should like to repeat the opinion which I expressed last year that, with improved housing conditions and the adequate

midwifery and medical services available, no good reason exists for Hospital admissions for normal confinements, in a considerable number of cases.

As before, any case presenting an abnormality is admitted immediately and without question to Hospital. No difficulty relating to the admission of such cases has arisen during the year.

Although the incidence of Infectious Diseases continues very low, there is available ample and adequate provision at Seacroft Hospital. This is a well equipped and modern Institution with the most up to date apparatus for the accommodation and treatment of more serious conditions such as Poliomyelitis. Co-operation is close and cordial, and reports regarding admissions and discharges are received with absolute regularity.

General Hospitals.—There is no evidence of undue difficulty in obtaining admission to medical or surgical units in the case of patients residing in this area. It is well known that Leeds is a great centre for surgery and the fact that a Teaching Hospital exists ensures that the standards are of the very highest. Pinderfields Hospital deals largely with Orthopaedic cases and all convalescent poliomyelitis cases are transferred there in order that the maximum degree of rehabilitation may be obtained.

The position regarding chronic sick has, I feel, improved to a considerable extent. The personal interest which the Geriatric Consultant, Dr. Rosenthal, takes in his cases and in his Hospitals has resulted in a considerable degree of improvement in rehabilitating elderly and chronic sick patients, and enabled them to become ambulant and often to be discharged home for quite long periods. No case urgently requiring admission fails to get sympathetic consideration from Dr. Rosenthal. For my part, I make the fullest personal investigation of any case which the family doctor feels to merit urgent consideration. General Practitioners are most conservative in their approach and one feels that the over-all picture has improved considerably. The gap between chronic sick and Welfare accommodation

still exists, and I still feel that there is a need for an intermediate type of Institution. I feel that this state of affairs will become increasingly evident in the years to come, and that ultimately some such provision will have to be made.

To sum up the position in relation to Hospital provision in your area, I think it is fair and true to say that people living in the Garforth Urban District can consider themselves very fortunately situated in relation to available Hospital accommodation. Distances are short, standards are high, and beds are readily available.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE in the GARFORTH URBAN DISTRICT.

In view of the extremely light incidence of Infectious Disease during 1956, there is no justification for dealing with the various diseases under separate headings.

Scarlet Fever, with 9 mild cases, was a negligible factor. No case of Diphtheria occurred. There were only 4 cases of Pneumonia notified and the incidence of Whooping Cough and Measles was relatively slight. No case of Poliomyelitis occurred.

Venereal Diseases.—Confidential reports continue to be received and indicate a virtual absence of any form of Venereal Disease in this area.

Hospital Admissions.—Only 6 cases were admitted to Hospital out of a total of 51 cases of Infectious disease and of these 4 were admitted for observation.

The over-all picture in relation to Infectious Diseases can be considered satisfactory.

INFESTATIONS.

The number of school children found to be infested continued to be extremely low. In the vast majority of cases parents are very co-operative and the condition is soon cleared up. One or two recalcitrants, well known to us, require a more forceful approach, but by and large, infestation nowadays presents no major public health problem.

Once again, no case of scabies came to notice during the year and to the best of my knowledge this infestation is no longer with us.

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Cases of Notified Infectious Diseases (excluding
Tuberculosis) admitted to Hospital.

Disease.			No. Notified	No. admitted to Hospital
Smallpox	...	...	...	—
Scarlet Fever	...	...	...	9
Diphtheria	...	...	...	—
Enteric Fever (incl. Paratyphoid)	...	...	—	—
Pneumonia	...	...	...	4
Puerperal Pyrexia	...	...	...	—
Acute Anterior Poliomyelitis	...	...	—	—
Acute Anterior Encephalitis	...	...	—	—
Meningococcal Infection	...	...	1	1
Ophthalmia Neonatorum	...	...	—	—
Erysipelas	...	...	...	1
Whooping Cough	...	...	21	—
Measles	...	...	...	11
Sonné Dysentery	...	...	—	—
Food Poisoning	...	...	—	—
Observation	...	...	...	4
Totals	...	...	...	51
				6

TUBERCULOSIS.

There is no need to be despondent when reviewing the present position regarding Tuberculosis. Admittedly there are still 60 cases of Pulmonary Tuberculosis remaining on the register, but only one death occurred from Pulmonary Tuberculosis during the year and none from Non-Pulmonary Tuberculosis. All the factors which were noted in my last report are still operative and the general opinion throughout the country is one of reasoned optimism. The many sided attack now possible on this disease should result in a steady and marked diminution of incidence. Many more cases, who years ago, would have succumbed to the illness, now become cured and restored to active life in the community. Many more are rendered non-infectious and thus innocuous from the point of view of community spread. It is early yet to evaluate the results of the B.C.G. vaccination of school children, but here again the next few years should prove the worth of this measure and should result in a diminution of new cases.

Once again, I should like to record my satisfaction at the sympathy and understanding which requests for "priority" re-housing receive at the hands of your Housing Committee. I continue to exercise every possible restraint knowing the many demands you must consider. Only one new case of non-Pulmonary Tuberculosis was notified during 1956. This is, without doubt, due to the universal use of Pasteurised or Tuberculin Tested milk.

TUBERCULOSIS.

Record of Cases during the year 1956.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	33	25	4	15
No. of cases notified for first time during year	3	3	—	1
No. of cases restored to Register	...	—	—	—
No. of cases added to Register otherwise than by notification	...	1	—	—
No. removed to other districts	...	2	1	—
No. Recovered	...	—	—	1 4
No. died from the Disease	..	1	—	—
No. died from other causes	...	1	—	—
No. Removed from Register :—	—	—	—	—
Revised diagnosis	...	—	—	—
No. of cases on Register at end of year	...	33	27	3 12

TUBERCULOSIS.

New Cases and Mortality during 1956.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—
1—5 years	...	1	—	—	—	—	—	—
5—10 "	...	—	—	—	—	—	—	—
10—15 "	...	—	—	—	1	—	—	—
15—20 "	...	—	1	—	—	—	—	—
20—25 "	...	—	—	—	—	—	—	—
25—35 "	...	—	1	—	—	—	—	—
35—45 "	...	1	1	—	—	—	—	—
45—55 "	..	1	—	—	—	—	—	—
55—65 "	...	—	—	—	—	—	—	—
Over 65 years	...	—	—	—	—	1	—	—
Age unknown	...	—	—	—	—	—	—	—
Totals	...	3	3	—	1	1	—	—

TUBERCULOSIS

New Cases and Deaths since 1937.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1937 ...	1	—	—	—
1938 ...	4	2	3	3
1939 ...	3	2	3	—
1940 ...	5	2	3	1
1941 ...	5	2	3	1
1942 ...	2	3	2	3
1943 ...	9	—	2	3
1944 ...	8	3	5	1
1945 ...	6	—	5	—
1946 ...	7	3	5	1
1947 ...	7	4	4	—
1948 ...	14	5	7	—
1949 ...	14	1	2	1
1950 ...	13	4	5	—
1951 ...	6	3	7	—
1952 ...	12	4	1	—
1953 ...	8	2	1	—
1954 ...	4	2	2	—
1955 ...	6	1	2	—
1956 ...	6	1	1	—

HOUSING.

A temporary slowing down of Council house completion has been due to extensive mining subsidence. This most unfortunate local circumstance has dealt a severe blow to your Authority. No good purpose is served by trying to pin responsibility on a Nationalised industry. It does, however, seem unfortunate that the over-riding National interest should so drastically and materially conflict with acute local needs. During 1956, only 30 Council houses were completed. In another part of the area, however, 69 houses were erected by private enterprise and a considerable further number is expected to be built in the near future. The over-all picture is comprehensively presented in the report of the Public Health Inspector which appears in later pages. It will be seen that the record of Garforth Urban District Council is one of which you may be justly proud. Even taking into account temporary difficulties, there is no reason to suppose that the Slum Clearance programme will not be completed well within the stipulated five years' period.

A further 110 privy conversions were carried out and only a very small number still remains. Most of these are at sub-standard property due for demolition.

HOUSING STATISTICS, 1956.

Number of dwelling houses in the District	...	4,389
Number of back-to-back houses included in above	...	8
I. Inspection of Dwelling Houses during the year:—		
1(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	641
(b) Number of Inspections made for the purpose	...	1,342
2(a) Number of dwelling houses (included under sub-head 1 above), which were inspected and recorded under the Housing Consolidated Regulations	...	234
(b) Number of Inspections made for the purpose	...	412
3. Number of dwelling-houses needing further action:—		
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	112

(b) Number(excluding those in sub-head 3(a)above) found not to be in all respects reasonably fit for human habitation	...	...	...	...	27
2. Remedy of Defects during the Year without Service of Formal Notices.					
(a) Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	..	..	..	..	63
(b) Number of defective dwelling-houses (excluding those shown in (a) above) in which defects were remedied as a result of informal action					301
3. Action under Statutory Powers during the Year.					
A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—					
(1) Number of dwelling-houses in respect of which formal notices were served requiring repairs	...	...	...	...	48
(2) Number of dwelling houses which were rendered fit after service of formal notices :					
(a) By owners	...	...	...	...	40
(b) By Local Authority in default of owners	...	...	...	...	6
B. Proceedings under Public Health Acts :—					
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	142
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a) By owners	...	...	...	...	79
(b) By Local Authority in default of owners	...	...	...	...	29
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—					
1. Number of representations etc. made in respect of dwelling-houses unfit for habitation	...	..	...	...	48
2. Number of dwelling-houses in respect of which Demolition Orders were made	...				45
3. Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...			27
4. Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 ? 2 Closing Orders made.					

D. Proceedings under Section 12 of the Housing Act, 1936 :—						
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	..	...	...	...	1
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	...	..	...	...	...	Nil
E. Proceedings under Part III of the Housing Act, 1936, and the Housing Repairs and Rent Act, 1954 :—						
(1) Number of Clearance Areas represented during the year	...	..	...	...	...	Nil
(2) Number of houses included in these areas	...	..	...	...	...	Nil
(3) Number of persons to be displaced	...	..	...	...	...	Nil
(4) Action taken during the year in respect of Clearance Areas :—						
(a) By Clearance Orders, number made...	...	..	...	...	...	Nil
(b) By Compulsory Purchase Orders, number made	...	..	...	...	...	Nil
(5) Number of houses in Clearance Areas demolished during the year	...	..	...	...	...	Nil
(6) Number of persons re-housed from houses demolished during the year	...	..	...	...	...	Nil
4. Housing Act, 1936—Part IV—Overcrowding.						
(a) (1) Number of dwellings overcrowded at end of the year	...	..	...	...	..	38
(2) Number of families dwelling therein	...	..	...	...	...	62
(3) Number of persons dwelling therein	...	..	...	...	...	284
(b) Number of new cases of overcrowding reported during the year	...	..	...	...	...	10
(c) (1) Number of cases of overcrowding relieved during the year	...	..	...	...	...	12
(2) Number of persons concerned in such cases	...	..	...	...	...	46

5. **New Houses.**

Number of new houses provided during the year :—

By the Local Authority :—

Permanent type	...	...	...	...	30
Temporary type	...	...	...	...	Nil
By Private Enterprise	...	...	...	...	69

6. **Housing Act, 1949.**

Section 4—Any action in connection with advances for purpose of increasing housing accommodation? 162 advances made.

7. **Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.**

Grants to persons other than local authorities for improvement of housing accommodation :—

Any action during the year	Nil
----------------------------	-----	-----	-----

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—It has not yet been possible to undertake the major scheme envisaged in my last Annual Report. Increasing difficulties are being experienced particularly in relation to houses in the higher parts of the District. The cause is well known, the remedy not so easy to apply. Every possible effort is being made to improve the pressure in the mains and it is hoped that during next year the position may materially improve. May I urge on you the realisation of your responsibilities as a Local Authority to ensure a water supply adequate in quantity for all domestic purposes.

There is no criticism of the quality of the water, which is of the very highest. Below are sample bacteriological and chemical analyses.

Chemical Analysis.

Total Solids	...	108	parts per million
Mineral Matter	...	69	" "
Chlorine as Chlorides	...	16	" "
Free Ammonia	...	0.048	" "
Albuminoid Ammonia	...	0.096	" "
Oxygen absorbed in 4 hrs. at 80° F.	1.08	"	"
Nitrous Nitrogen...	...	Nil	" "
Nitric Nitrogen	...	1.44	" "
Temporary Hardness	...	25	" "
Total Hardness	...	47	" "
Permanent Hardness	...	22	" "
Lead in solution	...	Nil	
Lead dissolved in 24 hours		Nil	
pH Value	...	8.0	
Colour—Hazen Units	...	15	
Turbidity—Silica Scale	...	Nil	
Free Chlorine—Actual free		Nil	
Total including chloramines		Nil	
Copper as Cu.	...	Nil	

Bacteriological Examination.

Total No. of Micro-organisms per ml. growing on Agar at 22° C.	3 days	...	...	6
Total No. of Micro-organisms per ml. growing on Agar 37° C.	2 days	...	...	6
Presumptive B. coli	..	...	...	Nil. per 100 ml.

No stand-pipe nor well is in use in the District and the water is without plumbo-solvent action.

Sewage Disposal.—The new sewage works at Allerton Bywater are functioning excellently and supply all present and foreseeable needs. No major new sewage scheme was undertaken, with the exception of the sewerage of new properties.

Closet Accommodation.—As already stated, a further 110 conversions have been carried out and the figures given below speak for themselves.

No. of privies with open ashpits	...	Nil
No. of pail or tub closets	...	4
No. of privies with covered middens	...	97
No. of water closets	...	4,820
No. of waste water closets	...	1

Public Conveniences.—No change in the provision of public conveniences has occurred during the year and there have been no major complaints in relation to the existing amenities.

Drains and Sewers.—Difficulty inseparable from mining subsidence has given rise to local anxiety and disturbance. This matter is outside our direct control and all that we can do is to keep the closest possible watch on the situation and to repair, as speedily as possible, any damage which occurs. There is no evidence that Public Health has been in any way jeopardised during the year.

Public Cleansing.—The cleansing of the District is done by direct labour and has been extremely adequately carried out. There are now 15 cesspools in the area and they are emptied at intervals of slightly over one month. No nuisance has arisen.

Rivers and Streams.—No action has been necessary during the year.

Shops and Offices.—No complaint has been received and no action has been considered necessary in respect of any shop or office premises.

Camping Sites.—The official camping site at the top of Garforth Cliff is going from strength to strength. At the present time, 64 caravans are sited there. The owner continues to be most co-operative and the standards of amenity have continued to rise. Water, electricity and lavatory accommodation are available and, in addition, a general store has been opened which supplies many of the day to day needs of the caravan dwellers.

I should like to take this opportunity of expressing my opinion that this site is a very considerable amenity to the relatively large number of people who, owing to need or preference, take up caravan residence.

Swimming Baths and Pools.—No public baths in this area.

Bed Bug Eradication.—Routine disinfection continues to be carried out where necessary in relation to all new Council house tenants. Two houses were reported as being verminous and these were treated with Hydrocyanic acid gas by a firm of Fumigation Contractors. 12 cases of beetle infestation were dealt with by the use of D.D.T. and Gammexane, with good results.

Smoke Abatement.—The emission of smoke from the Allerton Bywater Colliery, though by no means non-existent, is very much less noticeable than has been the case in former years. I believe that every effort is being made to minimise smoke emission, but look forward to the day when electrification will finally solve the problem.

Offensive Trades.—No offensive trade is carried on in the Garforth area.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the administrative responsibility of this Authority. The following is a list of Outworkers and it will again be noted that no special action has been necessary. Routine inspections have been carried out in respect of Part 1 of the Act and again no special action has been necessary.

Inspection for purposes of provisions as to health.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	10	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	30	23	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	8	31	—	—
TOTAL	50	64	—	—

CASES IN WHICH DEFECTS WERE FOUND (If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

		No. of cases in which defects were found			Number of cases in which Prosecutions were instituted
		Found	Remedied	Referred : to H.M. Inspector by H.M. Inspector	
Want of cleanliness	..	..	--	—	--
Overcrowding	..	..	--	—	--
Unreasonable temperature	..	..	--	—	--
Inadequate ventilation	..	..	--	—	--
Ineffective drainage of floors	..	..	--	—	--
Sanitary Conveniences :—					
Insufficient	..	..	2	2	--
Not separate for sexes	..	--	—	—	--
Unsuitable or defective	..	3	3	—	--
Other offences against the Act (not including offences relating to Outwork)	..	--	—	—	--
Total	..	..	5	5	--

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc.	..	5	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving	..	—	—	—	—	—
TOTAL	..	5	—	—	—	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	...	16
Further Enquiries	...	...	...	...	11
Disinfections	...	...	...	...	4
Schools Disinfected	...	...	...	...	—
Miscellaneous Visits	...	...	...	...	6
Scabies Visits	...	...	...	...	—

Milk and Dairies.

Inspections of Cowsheds and Dairies	...	...	...	10
Milk Samples taken	...	...	...	—

Food and Drugs Inspections.

Meat Inspections	...	...	...	182
Bakehouses	...	...	...	46
Food Inspections	...	...	...	40
Ice Cream Inspections	...	...	...	60
Water Sampling	...	...	...	3
Fish Shop Inspections	...	...	...	28

Housing.

Houses inspected and recorded	...	...	...	234
General Surveys	...	...	...	72
Public Health Act Inspections	...	...	...	371
Re-visits	...	...	...	464
Council Houses	...	...	...	68

Sanitary Matters.

Inspection for Nuisances	...	...	...	714
Inspection of Verminous Premises	...	...	...	62
Inspection of Privies	...	...	...	202
Inspection of Piggeries	...	...	...	12
Inspection of Rat Infestations	...	...	...	576
Inspections of new drains	...	...	...	21
Drains tested	...	...	...	29
Smoke observations	...	...	...	8

Scavenging.

Inspections	...	...	...	...	27
Refuse Tips	...	...	...	...	211
Supervision of Workmen	...	...	...	...	61

Other Inspections.

Factories and Workshops	...	...	...	62
Tents, Vans and Sheds	...	...	...	81
Council House complaints	...	...	...	8
Miscellaneous	...	...	...	107
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	190
Number of Statutory Notices (Sect. 17 of the Housing Act, 1936)	...	...	...	-
Number of Nuisances abated on serving Statutory Notices (Public Health Acts)				52

ANNUAL REPORT
OF THE
PUBLIC HEALTH INSPECTOR
and CLEANSING SUPERINTENDENT
(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)
For the Year
1956.

*To the Chairman and Members of the
Garforth Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report for the year 1956. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

HOUSING.

During 1956, due in the main to delay because of mining subsidence, only 30 council houses were completed, making the total number of post-war council houses to 661. 69 houses were erected by private builders during the year, and many more were commenced, and it is apparent that many more families are moving into this district from the Leeds area.

A revision of the Housing Lists was carried out during the year and resulted in a reduction in the number of outstanding applications for council houses, the numbers at the end of 1956 being :—Garforth—250 ; Kippax—140 ; Allerton Bywater—134, making a total of 524, a decrease on last year of 180. The total number of council houses in the area at the 31st December, 1956, was 1, 278 (456 at Garforth ; 412 at Kippax and 410 at Allerton Bywater), representing 29% of all the houses in the district.

Further progress was made with the slum clearance programme, and 48 houses were represented and condemned as being unfit for human habitation, bringing the total dealt with in post-war years to 275, representing one out of every eleven private houses in the area. It is now clear that the demolition of all unfit houses should be completed well within the five years suggested.

The following table outlines the progress made in slum clearance since 1947:—

Number of houses represented as unfit.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
Allerton Bywater	4	25	1	9	7	1	9	19	7	6	88
Garforth	..	—	1	—	—	—	28	—	—	10	39
Kippax	..	4	8	16	11	19	11	15	12	32	148
Total	..	8	34	17	20	26	12	52	31	27	275

Position at 31st December, 1956:—

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	88	39	148	275
Number of families rehoused	79	27	123	229
Number of persons rehoused	284	77	398	759
Number of houses empty awaiting demolition ...	23	7	23	53
Number of undertakings accepted to repair or not to use for human habitation ...	2	—	7	9
Number of families still to rehouse	9	12	25	46
Number of new houses erected	204	219	238	661
Percentage of houses built allocated to slum clearance	38.7%	12.3%	51.7%	34.5%

PRIVY CONVERSIONS.

In this, the fourth year of the Council's programme for the abolition of privy middens, a further 110 conversions were completed, making a total of 550 in the four years. It will, therefore, not be long before the conversion scheme is completed, as at the end of 1956, 96·3% of the sanitary accommodation in the area was on the water carriage system; of the remainder many of the houses are included in the slum clearance proposals.

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED DURING 1956.

Interior of Houses.

Floors renewed or repaired	...	...	18
Walls and ceilings replastered	...	...	52
Dampness abated	...	...	19
New glazed sinks provided	...	...	14
Windows enlarged or repaired	...	...	11
Doors renewed or repaired	...	...	14
Cooking ranges repaired or renewed	...	...	19
Water supplies improved	...	...	22

Exterior of Houses.

Roofs repaired	...	...	61
Eaves gutters repaired or renewed	...	...	47
Walls re-pointed	...	...	20
Walls rendered	...	...	2
Yards paved	...	...	4

Drainage.

Drains cleared from obstruction	...	...	207
Defective drains relaid	...	...	21
Inspection chambers provided	...	...	7
Cesspools abolished	...	...	1
Soil pipes repaired	...	...	3

Sanitary Accommodation.

W.C. pedestals renewed	...	...	10
W.C. cisterns renewed	...	...	4
Additional W.C.'s provided	...	...	4
Privies converted to W.C.'s	...	...	110
Ashpits abolished	...	...	2
Dustbins renewed	...	...	265

MEAT AND FOOD INSPECTION.

The two private slaughterhouses in the area, one at Garforth and one at Allerton Bywater, have been in use throughout the year. As in the previous year, only four butchers in the area have slaughtered their own animals, the rest continuing to buy their meat ready dressed from wholesalers.

100% meat inspection has been maintained throughout the year and the following table gives details of the animals slaughtered.

Month	Cows	Beasts	Sheep	Pigs	Calves	Totals
January ...	2	57	142	60	-	261
February ...	-	43	72	31	-	146
March ...	-	47	57	42	2	148
April ...	-	46	38	1	1	86
May ...	-	42	50	19	2	113
June ...	-	61	46	24	-	131
July ...	-	55	73	10	-	138
August ...	-	41	59	8	1	109
September	1	49	67	5	1	123
October ...	-	64	66	28	4	162
November	-	46	51	25	-	122
December	-	53	41	14	-	108
Totals ...	3	604	762	267	11	1,647

Carcases and Offal inspected and condemned in whole or in part

	Cattle and Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ...	604	3	11	762	267	—
Number inspected..	604	3	11	762	267	—
All diseases except Tuberculosis and Cysticerci. Whole carcases condemned	2	—	3	3	—	—
Carcases of which some part or organ was condemned ...	43	1	—	20	3	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	7.4%	33.3%	27.2%	3.0%	1.1%	—
Tuberculosis only: Whole carcases condemned ...	2	1	—	—	—	—
Carcases of which some part or organ was condemned ...	34	1	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	5.9%	66.6%	—	—	3.0%	—
Cysticercosis: Carcases of which some part or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Set out below is a list of unsound meat condemned and surrendered at Slaughterhouses, giving weights in lbs. and causes of condemnation in monthly order:—

Disease	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Totals
Abscesses	...	—	—	14	38	—	28	14	14	70	—	14	192
Actinomycosis	...	—	—	—	50	—	—	—	—	—	—	—	50
Bruising	...	—	—	—	25	—	—	—	—	—	—	—	25
Cirrhosis	...	70	14	49	28	70	56	28	14	98	84	126	777
Distomatosis	...	16	—	—	8	—	—	24	24	24	6	—	102
Immaturity	...	—	—	—	50	—	—	—	—	—	—	—	50
Moribund	...	80	—	—	175	—	—	—	—	—	—	—	225
Pericarditis Acute Septic...	—	—	—	—	—	—	—	—	—	—	—	—	600
Pneumonia Acute Septic...	—	—	—	—	—	—	—	—	—	—	—	—	560
Pyaemia	...	—	—	—	—	—	—	50	—	—	—	—	50
Tuberculosis	...	260	144	842	177	108	176	324	334	1384	282	78	122
Totals	426	158	1124	244	266	256	980	426	1520	442	204	836
													6882

40 inspections of unsound food were made at shops and other food premises, and set out below is a list giving details of food condemned as unfit for human consumption. During the year any large amounts of meat condemned were disposed of to a manufacturer of fertilisers after having been stained with a green dye to prevent its possible use for human consumption.

Beef (Home killed)	...	...	38 lbs.
Beef (Imported)	...	...	201 lbs.
Mutton (Imported)	...	...	51 lbs.
Pork (Home killed)	...	...	103 lbs.
Bacon	...	...	44 lbs.
Eggs	...	...	202
Chopped Pork	...	...	6 tins
Minced Beef	...	...	12 tins
Tomatoes	...	...	20 tins
Pears	...	...	10 tins
Pineapples	...	...	3 tins
Cream	...	...	15 tins
Pilchards	...	...	10 tins

BAKEHOUSES.

The bakehouses in the area were regularly inspected throughout the year and 46 visits were made. Once again it is pleasant to record that a very high standard of hygiene was maintained and any small matters requiring attention were immediately remedied on request.

ICE CREAM.

There are no manufacturers of Ice Cream in the area. Inspections were made of the 31 shops registered for the sale of Ice Cream and all the shops are equipped with modern refrigerators and adequate washing facilities are provided.

PRESERVED FOODS.

No change in the number of premises used for the preparation and manufacture of preserved foods was made during the year and inspections revealed that still further improvements had been carried out. Most of the 20 registered premises are fitted with refrigeration units and all have suitable washing facilities.

FOOD HYGIENE REGULATIONS.

Inspections were made of all food premises in the area and the attention of traders was drawn to the provisions of the above Regulations. In the great majority of cases a ready response was received to requests to carry out alterations, and only in a very few cases was it necessary to serve notices.

At the time of writing this Report, it is possible to record that all food premises in this district are provided with readily accessible washing facilities, including the provision of a constant supply of hot and cold water. A little difficulty was experienced in convincing some traders of the necessity to provide a fixed wash-hand basin in addition to a sink, particularly as interpretations of this requirement appear to vary from district to district.

Set out below is a list of food premises in the district:—

Fried Fish	...	15
Greengrocers	...	7
Butchers ...	...	16
Grocers ...	...	48
Sweets ...	...	15
Confectioners	...	10
Chemists ...	...	4
Cafes ...	...	3
Canteens ...	...	2
Licensed Premises ...		20

MILK AND DAIRIES REGULATIONS.

Six dairies are registered under the above provisions and all are kept in a clean condition. All milk sold in the area is now bottled and is either Tuberculin Tested or Heat Treated.

PREVENTION OF DAMAGE BY PESTS ACT.

A part-time Rodent Operator is employed by the Council and the following table gives details of work carried out under the provisions of the above Act during the year ended 31st March, 1957.

No sewer baiting was carried out during the period under review as a certificate of exemption had been granted by the Ministry of Agriculture, Fisheries and Food.

	TYPE OF PROPERTY					(5) Agricultural	
	Non-Agricultural				(4) Total of Columns (1), (2) & (3)		
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)				
I. Number of properties in Local Authority's District	8	4,389	162	4,559	36		
II. Number of properties inspected as a result of :							
(a) Notification ..	—	40	2	42	—		
(b) Survey under the Act	8	148	15	171	12		
(c) Otherwise (e.g. when visited primarily for some other purpose)	—	202	18	220	8		
III. Total inspections carried out—including re-inspections (to be completed only if figures are readily available)	84	429	38	551	25		
IV. Number of properties inspected (in Section II) which were found to be infested by :							
(a) Rats { Major ..	1	—	1	2	—		
{ Minor ..	2	45	7	54	4		
(b) Mice { Major ..	—	—	—	—	—		
{ Minor ..	—	9	2	11	2		
V. Number of infested properties (in Sect. IV) treated by the L.A. (Figures should NOT exceed those given at Sect. IV). ..	3	52	2	57	—		
VI. Total treatments carried out — including re-treatments. (To be completed only if figures are readily available)	30	60	2	92	—		

REFUSE COLLECTION AND DISPOSAL.

Refuse collection is carried out entirely by direct labour and throughout the year a regular weekly collection of dustbins has been maintained. Now that privies and ashpits are practically non-existent in the area there is no reason at all, short of sickness and mechanical breakdowns, why this regular service should not continue.

Once again I must record that miners' concessionary coal, due to some of it being of very poor quality, throws a heavy demand on the refuse collection service.

The Brierlands Quarry was opened out for tipping during the year and will provide a convenient disposal point for the refuse from the Garforth side of the district for many years to come, whilst at the Allerton Bywater end the tipping to form additional sludge drying accommodation at the new Sewage Works is progressing satisfactorily.

Salvage has continued during the year and the following table gives details of amounts collected and income received:—

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	...	67	1	1 0	479	4	9
Rags	...	6	11	0 0	160	6	3
Scrap Iron	...	2	0	2 0	15	3	9
Aluminium	...		7	0 4	39	19	10
Brass	...		3	0 7	20	14	9
Lead	...		1	2 11	7	9	11
Copper	...			14	1	2	6
	76	4	2	8	£724	1	9

In conclusion, may I thank the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee for their continued help. Many improvements have been possible during the year and once again I have pleasure in recording that Mr. Cockerham, the Additional Public Health Inspector, continued to give admirable service to your authority, and it was entirely due to his tactful and pleasant approach that the work under the Food Hygiene Regulations progressed so quickly and smoothly.

I remain, Madam and Gentlemen,

Yours faithfully,

R. A. NAYLOR,

Public Health Inspector.

